

tail and coping technique can in itself give such insight into autism, and one is struck by the utility of the reflection and speculation which Bosch adds to the Anglo-American empirical, pragmatic tradition. No list of attributes or situations will ever be exhaustive, but a deeply reasoned general concept casts light into any new phenomenon which may arise. One returns to the same case histories after reading the body of the argument, and the images shine with a new light. One begins to rethink one's own experiences with such children. The works of Wing and Bosch have other contrasts — Bosch writes in richly allusive, liberally footnoted academic language, far from the simple, democratic, concrete terms of Wing. He does not insist on prerequisite familiarity with the works of the authorities, but he does require a willingness to review with him their points of view. He offers no cookbook prescription for the problems of autistic children, but claims that a deeper understanding will make such solutions readily accessible. He does not portray a general consensus but a highly structured, personal point of view — this is not done in isolation, but in systematic confrontation with the main trends in the literature which is reviewed in a special appendix.

All in all, the two books make interesting counterparts. At first glance, or for the hurried reader, the guide by Wing is a far more promising investment. After further consideration this book still remains rich and basic, but the investigation of Bosch, a stranger to our habitual approach, more demanding but promising considerable fresh illumination of old phenomena, more abstract yet more personal, grows in appeal and will not easily be left unread.

These authors have put many years of experience and much thought into their work, and both books are of considerable value. Wing's book is designed for a wider readership, whereas Bosch aims at a deeper impression on a more specialized elite, to which professionals working with autistic children will be tempted to belong.

G. F. Morgenstern, M.D.
Montreal, P.Q.

Philotherapy: A New Approach to Psychotherapy I. Emery Breitner, M.D., Old Bethpage, N. Y., Institute of Human Relations Press, 104 pages, \$5.95, 1974.

This book does not deserve a review — at best it is expensive trash, aimed at a section of the public who are attracted by a book which makes extravagant claims. It is written by a physician and has some erotic passages. I am reviewing it at length because I consider it dangerous and misleading to both the public and medical profession.

The misrepresentation begins with the book jacket which tells that the author has published and presented "several scientific papers on psychotherapy, depression, and assimilative theory and anxiety, obsession and phobias, and psychiatric problems of promiscuity. His papers were published in the *Journal of the American Medical Association*, the *Southern Medical Journal*, *Texas Medicine*, *Medical Insight*, and others." Six papers on these topics appear in his bibliography, of which four were published in the above journals and two in the *Nassau Hospital Bulletin*. It seems then that the *Nassau Hospital Bulletin* represents the 'others'. Four of these papers cover two pages apiece, and one runs to four pages. The 'paper' in the *J.A.M.A.*, on "an assimilative theory" is a letter to the editor. This reflects the level of the author's honesty and credibility.

The jacket introduces his work as "... a new, more effective form of psychotherapy" which the author amplifies as "... a revolutionary approach that is not based on interpretation, explanation and insight, but is based on an induced regression and intensive emotional experience. It is experiential and existential rather than emotional. Because this form of therapy is based on regression, acceptance and love, we call it Philotherapy."

In the introduction the author emphasizes the importance of regression and love, and for the only time defines his concept of love and its importance. He then 'discusses' "Basic Experience" and "Neurosis — An Assimilated Negative Experience," interposing a few sentences between pages of

quoting accounts by patients and authors such as Beckett, Kafka, Faulkner, T. S. Eliot and Hemingway. His thesis is the transmission to children of parents' unresolved problems such as guilt and shame, confusion and alienation. The last 48 pages are devoted to the technique of philotherapy. Here the author emphasizes several principles. The therapist must be of opposite sex to the patient. Regression, a strong emotional relationship, and physical contact are essentials. The acceptance of regression is the most important factor in Philotherapy. "We have to induce regression and love; since love is the only feeling that can help, there is nothing else that can help, and regression is aimed to induce love." (p. 63) "The best way [to help regression to occur] is the combination of medication and verbal suggestions . . . to give the patient a psychotropic medication — with a hypnotic effect and then ask her to lie down and relax. To talk to her in a soothing, quiet, monotonous voice, slowly, with rhythm and incantation, in a primitive repetitive way. That, in itself, has a calming, regressive effect." (p. 64) He encourages the patient to feel physically and emotionally dependent, and enhances this by asking the sedated and relaxed patient to attempt to sit up or get up and walk — activities for which she will need his help.

He also uses stimulant drugs, music, and looking at the blinking light of an electric metronome to induce regression.

Adequate regression has been obtained when the patient begins to replace her parents with the therapist, who must then reflect a positive attitude, opposite to that of the parents (presumably, as perceived by the patient).

The book is full of specious claims and contradictions. For example, after describing the induction technique as set forth, the author denies any hypnotic intent, claims he does not know why this setting induces closeness and trust but says he gives the drugs so that he can "predict the predictable" in order to induce trust! He claims not to know why such a setting — close heterosexual contact, warmth and relaxation — induce sexual fantasies. Given the

situation as described, any psychodynamically-oriented therapist would be fairly sure, and the aphoristic man-in-the-street may not know why but could predict a similar outcome. He states that a patient's sexual feelings should not be fulfilled, but gives as his reason for not encouraging sexual relations, first, that afterward the therapist may not be impartial (which he does not believe to be necessary) but, more important, that he may become jealous of the patient's other sexual partners. This would induce negative feelings which are not the patient's. Nonetheless he insists on the importance of physical contact and an intense emotional relationship with the patient. The technique is 'more effective' because only by this means can 'object conflicts' (i.e., obsessions and phobias) be converted to interpersonal conflicts. Supposedly the intense emotional relationship and emotional and physical dependency generates 'love', which has a healing power. Further, in regression the patient should be able to question and accuse the mother. The first statement is false: almost all the dynamic psychotherapies lay emphasis on the interpersonal origin of such symptoms. The author does not deal at all with the second point under technique. Finally, he provides several pages of erotic fantasy produced by patients during induction, as well as multiple accounts of sexual contacts in therapy, one by a therapist and several by patients. The amount and quality of the writing implies not only interest in these aspects, but also his active support. This attitude is totally unacceptable in terms of lack of respect, both for the integrity of the patient and for any concept of professionalism.

The author's attitude toward drugs is particularly dangerous, misleading and irresponsible, for example, on barbiturates: "Occasional use to induce regression never results in addiction. Their addictive properties are strongly overestimated and promoted by producers of non-barbiturate sleeping pills." (p. 66). "The most interesting effect of barbiturates is that if their sleep-producing effect is prevented or resisted they produce a variety of moods and feel-

ings." (p. 65). Major tranquillizers "have a more interesting effect in this respect The interesting effect, after taking this drug [chlorpromazine], is that you see everything as though you saw it before. You develop an amazing indifference to things. You are detached from the world." (p. 66). He devotes over half a page to "of course the opium derivatives, usually mentioned as 'narcotic analgesics'." Of them he says "These drugs are derived from the opium poppy that is cultivated not only in Asia and the Middle East but also in Eastern Europe, without causing much alarm. Since their use is legally restricted in the United States, we cannot use them in Psychotherapy . . . It is hoped that some day their judicial use for psychotherapy will be allowed." "They represent the most effective tranquillizers we have ever produced. Their main effect is euphoria, analgesia, drowsiness and change of mood. The experience is usually a pleasant one with some mental clouding Their psychological effect outweighs their analgesic (pain relieving) effects." (p. 67)

Given the limited background in this book and its strongly sensual-experiential flavour, this attitude is dangerous, cavalier and irresponsible, especially when promulgated and endorsed by a physician.

The book itself is well bound, and printed clearly on heavy paper, and includes a

chapter index. These are its sole assets. It abounds with typographical errors. There are 4 1/2 pages of references, including six papers by the author and a *pot-pourri* of works which may be relevant but are not mentioned at all in the text. No less than eight works referred to or quoted are strikingly absent: T. S. Eliot, *Ash Wednesday*, Franz Kafka, *Diaries*, *The Metamorphosis*, *Letter to his Father*; William Faulkner, *The Mansion*; Samuel Beckett, *The Unnameable*, *Text for Nothing*; Lewis Carroll, *Alice in Wonderland*. The author refers to giving up a "Mask of Sanity" but does not credit the phrase to the author of this classic work on psychotherapy (Hervey M. Cleckley, *The Mask of Sanity*). It is interesting to note which writers he cites more than once: himself — six, S. Freud — three, Kafka — two, Hemingway — two, Kinsey — two, O. Rank — two, Carl Rogers — two.

This is at best an overpriced book, unprofessional, pretentious, sensation-seeking, and devoid of meaningful content — at worst it is dangerously misleading and irresponsible, and actively encourages unprofessional behaviour.

J. E. Blustein, M.D.
Ottawa, Ontario.

*As quantitative truth is of all forms
of truth the most absolute and
satisfying, so quantitative error is
of all forms of error the most complete
and illusory.*

Popular Science Monthly
14: 751, 1879

George M. Beard
1839-1883